##

## Fitness to Study Agreed Action Plan

## Level 1 2 3 (CIRCLE APPROPRIATE)

Student’s Name: Student Number:

Date of Birth:

Address:

Tutor:

Mobile Phone: Home Phone: Email:

**Agreed Action Plan:**

|  |
| --- |
|  |

**Review Date:**

I**mportant** - Note: (If Leave of Absence or Withdrawal is being considered)

It is important to consider all possible financial implications of a leave of absence or withdrawal from your degree programme. There may be financial implications for your registration/tuition fees or grant if or when you return to third level at a later date. Further detailed advice can be obtained from the Senior Tutor’s Office and the Academic Registry (Fees Office).

Declaration:

I understand the nature of the concern(s) raised by the university, as has been explained to me and outlined in this document and the possible impact/consequences that this/these concern(s) may have upon my own fitness to continue in study.

I also understand the impact that this/these concern(s) may have upon the community of fellow students and staff who are working and studying at the University and to which I belong.

 I have agreed to work towards the action plan outlined above, which has been developed to support me.

 I understand that if I am unable or unwilling to carry out the action plan, the university will need to consider taking appropriate or remedial actions, or referral as my situation will require.

I understand and consent to information surrounding my fitness to continue in study being shared with other relevant services within the University. A copy of this Agreed Action Plan will therefore be submitted to the Head of Academic area of study/Case Co-ordinator in Student Services and *(insert other specific)* and other staff as deemed appropriate by the Head of Academic area of study/Case Coordinator in Student Services.

I am aware that this Note of Concern will be retained by the Head of Academic area of study/Case Coordinator in Student Services

Whilst I understand that the University has a duty of care to provide reasonable supports to me, I am responsible for my own health, wellbeing and actions and it is my responsibility to be fit to continue in study

I agree to this case being reviewed by the date:

Signed: (Student)

Signed: (Relevant Person)